

**Work Order ID 99356****\*99356\***

Page 1

April-05-13 1:18:21 PM

Item ID: D3019-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Seat Cushion

Start Date: 4/04/13

Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 4/19/13

Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals:

Process Plan:

ML5Date: 13-04-08

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start **\*NR1\***Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Draw Nbr

Revision Nbr

D3019

B

100

0.00

**\*100\***

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O:

19536

Possible supplier: Chestnut Ridge Airflex fire-resistant aircraft cushioning

Order: Grade 30-40 (colour green), Density 2.6lb/ft³

Material must meet FAR 27.853(a) or 25.853(a), Part is symmetric about centerline

CL 13/04/10 (4)

110

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00

**\*110\***

Packaging

Memo

0.00

Packaging

Ensure Material Release Note is attached

143/4/10 (4)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Rework  <input type="checkbox"/> Scrap  <input type="checkbox"/> Use-as-is  <input type="checkbox"/> Work Order Update         </div> <div> <input type="checkbox"/> Skid-tube  <input type="checkbox"/> Machining  <input type="checkbox"/> Thermoforming  <input type="checkbox"/> Large Fab         </div> <div> <input type="checkbox"/> Crosstube  <input type="checkbox"/> Small Fab  <input type="checkbox"/> Finishing  <input type="checkbox"/> Composite         </div> <div> <input type="checkbox"/> Water Jet  <input type="checkbox"/> Prod. Eng. Coord.  <input type="checkbox"/> Rec/Store/Packaging  <input type="checkbox"/> Supplier         </div> <div> <input type="checkbox"/> Engineering  <input type="checkbox"/> Quality  <input type="checkbox"/> Other         </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General		
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other

# Work Order ID 99356

\*99356\*

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Item ID: D3019-1

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Seat Cushion

Start Date: 4/04/13 Start Qty: 4.00 \*4\*

Cust Item ID:

Required Date: 4/19/13 Req'd Qty: 4.00 \*4\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

120

QC6- Inspect dimensions to drawing

0.00

\*120\*

QC

Memo

0.00

Quality Control

\*\*\*\*\*REMOVE "CHESTNUT FOAM" LABEL AND ATTACH TO WORK  
ORDER FOR TRACEABILITY\*\*\*\*\*

130

Identify as per dwg & Stock Location: 5424 0.00

\*130\*

Packaging

Memo

0.00

Packaging

140

QC21- Final Inspection - Work Order Release 0.00

\*140\*

QC

Memo

0.00

Quality Control

13/4/29 (4)

13/5/16 (4)

MF  
13-4-29

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Picklist Print

April-05-13 1:18:21 PM

Page 1

Work Order ID: 99356

Parent Item: D3019-1

Parent Item Name: Seat Cushion

Start Date: 4/04/13

Required Date: 4/19/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: B01.06.07Removed acid etch & alodine EC/SM  
per NCR 11-588 DD VERF:EC IPP REV:C 11.08.08 added note

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3019-1P Back cushion		Purchased	No			110	Each	0.0000	1	4			

*143/2/22* 

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

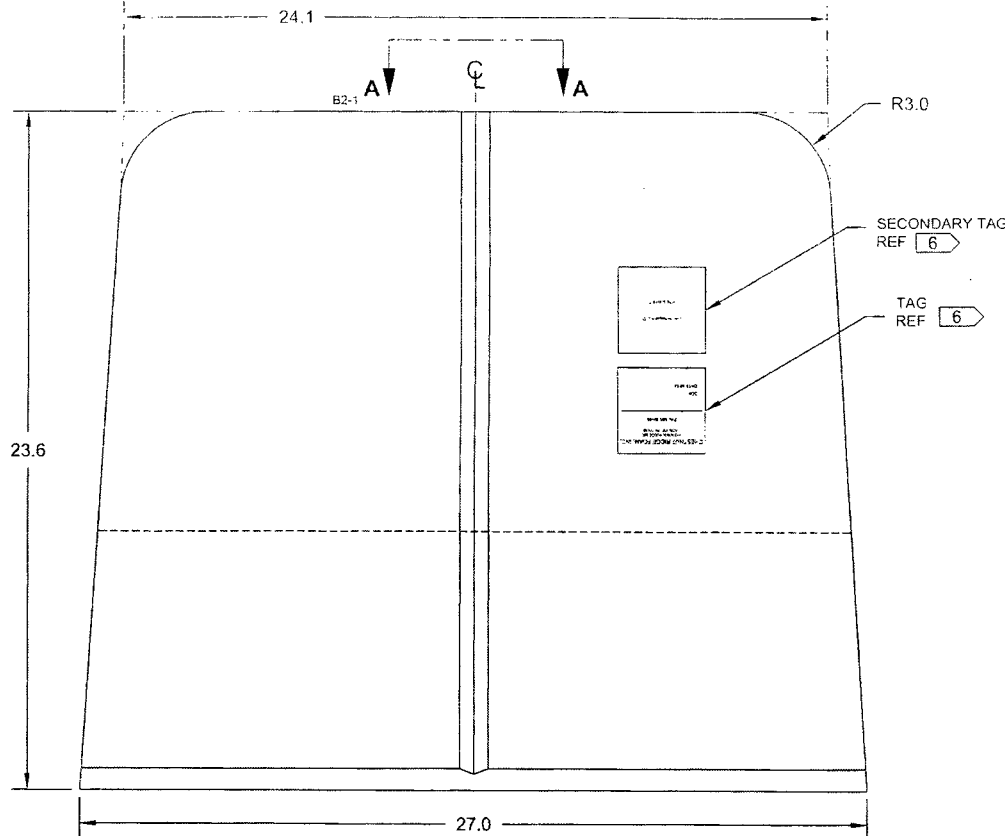
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div>             Rework <input type="checkbox"/>              Scrap <input type="checkbox"/>              Use-as-is <input type="checkbox"/>              Work Order Update <input type="checkbox"/> </div> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-around;"> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# SPECIFICATION CONTROL DRAWING

TABLE 1					
THICKNESS/ HEIGHT	TOLERANCE	LENGTH/ DEPTH	TOLERANCE	WIDTH	TOLERANCE
(1)	(2)	(3)	(4)	(5)	(6)
0.0 - 0.50	± 0.05	0.00 - 5.00	± 0.05	0.00 - 5.00	± 0.05
0.51 - 1.00	± 0.10	5.01 - 12.00	± 0.10	5.01 - 12.00	± 0.10
1.01 - 3.00	± 0.15	12.01 - 24.00	± 0.15	12.01 - 24.00	± 0.15
3.01 -	± 0.18	24.01 -	± 0.18	24.01 -	± 0.18



**D3019-1 BACK CUSHION**

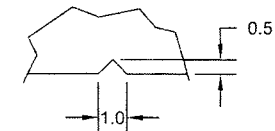
## NOTES:

- 1) MATERIAL: MUST MEET FAR 27.853(a) OR 25.853(a)  
AIRFLEX FIRE-RESISTANT AIRCRAFT CUSHIONING  
GRADE 30-40 (COLOUR GREEN)  
DENSITY 2.6 lb/ft<sup>3</sup>
- 2) FINISH: NONE
- 3) TOLERANCES: PER TABLE 1
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A

- 6) IDENTIFICATION: TAG(S), BURNED, TO SHOW THE FOLLOWING AT MINIMUM:  
CHESTNUT RIDGE FOAM, INC.  
443 WAREHOUSE DR.  
LATROBE, PA 15650  
SO#  
DATE MFD:  
DART AEROSPACE LTD. P/N D3019-1
- 7) PART IS SYMMETRICAL ABOUT CENTERLINE
- 8) MAKE PER TEMPLATE
- 9) POSSIBLE SUPPLIER: CHESTNUT RIDGE P/N 601988-99

UN  
SU

99356 ML5  
13-04-08



**VIEW A-A**  
D7-1

**RELEASED**  
2011-05-13

B	UPDATE TO CURRENT STD; DRAWING REVISED IAW CHESTNUT RIDGE MFG DWG. REF: NCR11-588	MB	11.05.10
A	NEW ISSUE	CP	01.05.18
REV.	DESCRIPTION	BY	DATE
DESIGN	197		
DRAWN	197		
CHECKED	197		
MFG. APPR.	197		
APPROVED	197		
DE APPR.	197		
DATE	11.05.10		

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. REV. B  
D3019 SHEET 1 OF 1  
TITLE SCALE  
BACK CUSHION NTS

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NOT TO BE USED FOR ANY PURPOSE OR FOR COMMUNICATION TO ANY OTHER PERSON OR PERSONS WITHOUT  
WRITTEN PERMISSION FROM DART AEROSPACE LTD



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO19536

Purchase Order Date 4/10/13

PO Print Date 4/10/13

Page Number 1 of 1

Order From :

VU-CHE001

CHESTNUT RIDGE FOAM, INC.  
PO BOX 6015  
HERMITAGE, PA 16148  
US

Contact Name

Buyer

Chantal Lavoie

Vendor Phone

724 537 9000

Requisition Nbr

Vendor Fax

724 537 9003

Tax Resale Nbr

10127-2607

Vendor Account Nbr

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAKED**  
C21304/1

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3018-1P	Seat Cushion	4/29/13 Yes	4.00 Each	FedEx PI collect	\$57.6200	\$230.48
2	D3019-1P	Back cushion	4/29/13 Yes	4.00 Each	FedEx PI collect	\$44.4200	\$177.68

Special Inst: AS PER DWG D3018 REV. B  
B99332

Special Inst: AS PER DWG D3019 REV. B  
B99356

PO Total:

\$408.16

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

Change Nbr: 1

Change Date: 4/10/13

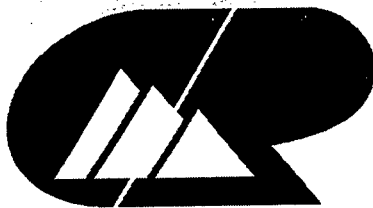
No substitution or deviation without  
consent.

Certificate of Conformity or Material  
Certification required **YES** NO



Chestnut Ridge Foam, Inc.  
443 Warehouse Drive  
P.O. Box 781  
Latrobe PA 15650

Phone: 724-537-9000  
Fax: 724-537-9003



Packing Slip: 58999

PACKING SLIP

Page: 1

Ship To:

Fed Exp #1517-9324-0  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury ONTARIO, CANADA K6A 1K7

Sold To:

Chantal Lavoie Fax#: 613-632-1053  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury ONTARIO, CANADA K6A 1K7

PO: PO19536

Ship Via: Fed Exp Int P1  
SO: 46922

FOB: Origin

Ship Date: 4/25/2013

Sales Person: Aircraft

*Customer requests a 4-26-13 ship date.*

*Certificate of Conformity that all components comply with 14CFR 25.853(a) 12 Second Vertical*

*Burn with Shipment*

Line	Planned Qty	Shipped Qty	Backorder	Part Number	Revision
1	4.00EA	4.00	0.00	D3018-1P	
				Description: AIRFLEX Bottom Cushion	
				Our Part: 502148-99	
2	4.00EA	4.00	0.00	D3019-1P	
				Description: AIRFLEX Back Cushion	
				Our Part: 601988-99	

CONTACT CHESTNUT RIDGE FOAM IF THERE IS DAMAGE OR DISCREPANCIES 724-537-9000



## Certificate of Conformance

### SOLD TO:

Dart Aerospace  
1270 Aberdeen Street  
Hawkesbury  
Ontario Canada K6A1KS

PURCHASE ORDER: PO19536

SALES ORDER: 46922

DATE SHIPPED: 04-25-13

**"URGENT! FLAMMABILITY CERTIFICATION  
ENCLOSED. PLEASE FORWARD TO  
PURCHASING. DO NOT THROW AWAY!"**

**I certify that the individual components comprising the part shipped  
against the above-referenced purchase order meets the following  
requirements:**

14 CFR 25.853(a), APPENDIX F, PART 1(a)(1)(ii), AMENDMENT 25-116

Quantity	Customer Part Number	CRF Part Number	Material	Batch Number
4	D3018-1P	502148-99	AIRFLEX 55-65	AF13012
4	D3019-1P	601988-99	AIRFLEX 30-40	AF13002

**MADE IN THE U.S.A**

**Diane C. Ryan**

Digitally signed by Diane C. Ryan  
DN: cn=Diane C. Ryan, o=Chestnut Ridge Foam  
Inc., ou=Quality Assurance Inspector,  
email=crfqc@chestnutridgefoam.com, c=US  
Date: 2013.04.25 12:31:18 -04'00'

❖ 443 Warehouse Drive Latrobe, PA 15650  
❖ Phone: 724-537-9000 Fax: 724-537-9003

**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 14856**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF13012  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 55-65

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : ORANGE

CONDITIONING STARTED : DATE : 3-25-13  
TIME : 8:30 AM

TEST STARTED : DATE : 3-26-13  
TIME : 11:05 AM

**RESULTS :**

	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	5.2
#2.	0.0	0.0	5.4
#3.	0.0	0.0	4.8
AVG.	0.0	0.0	5.1

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
SR. LAB TECHNICIAN



**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 14757**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF13002  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 1-8-13  
TIME : 11:00 AM

TEST STARTED : DATE : 1-9-13  
TIME : 11:20 AM

**RESULTS :**

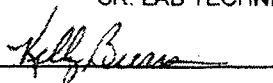
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.2
#2.	0.0	0.0	3.3
#3.	0.0	0.0	3.3
AVG.	0.0	0.0	3.3

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
SR. LAB TECHNICIAN



**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 14546**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
 SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT FR 4440 FABRIC  
 BATCH / LOT NO. 8633  
 CUSTOMER PRODUCTION  
 P.O. NO.  
 OTHER IDENTIFICATION: SUPPLIED BY: HANES CONVERTING CO. OF CONOVER, NC  
 ON INVOICE #62-117735

TEST BEING RUN VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F: YES

MATERIAL COMPOSITION: NA

MATERIAL PATTERN: WOVEN

MATERIAL COLOR: TAN

CONDITIONING STARTED DATE: 7-5-12  
 TIME: 10:00 AM

TEST STARTED DATE: 7-6-12  
 TIME: 11:45 AM

**RESULTS**

	FLAME TIME (SECONDS)		DRIPPINGS (SECONDS)		BURN LENGTH (INCHES)	
	WARP	FILL	WARP	FILL	WARP	FILL
#1.	0.0	0.0	0.0	0.0	3.4	3.6
#2.	0.0	0.0	0.0	0.0	3.6	3.5
#3.	0.0	0.0	0.0	0.0	3.5	3.5
AVG.	0.0	0.0	0.0	0.0	3.5	3.5

PASS X FAIL

**COMMENTS**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
 PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii)

TESTED BY KELLY BURES  
 SR. LAB TECHNICIAN

CORPORATE OFFICE  
 500 N. McLin Creek Rd.  
 P. O. BOX 457  
 CONOVER, NC 28613-0457  
 PHONE (828) 464-4673  
 FAX (828) 464-0459



**INVOICE**

PLEASE REMIT TO:  
 HANES ENGINEERED MATERIALS  
 L&P FINANCIAL SERVICES CO.  
 P O BOX 60984  
 CHARLOTTE, NC 28260

**SOLD TO**  
 CHESTNUT RIDGE FOAM  
 ROUTE 981 NORTH  
 PO BOX 781  
 LA TROBE, PA 15650

**SHIP TO**  
 CHESTNUT RIDGE FOAM  
 ROUTE 981 NORTH  
 PO BOX 781  
 LA TROBE, PA 15650

INVOICE NUMBER 62-117735	INVOICE DATE 6/29/2012	TERMS NET 30	CARRIER USF HOLLAND INC	ROUTING	RFDCO C
CUSTOMER NO. 15985	CUSTOMER ORDER NO. 30402	SLS. MGR./SLSMAN 65 452	ORDER DATE 6/26/2012	CONOVER, NC	DAY8
BILL OF LADING S/L 88771			RELEASE # 010 66095		
PRODUCT NO. 30333	WIDTH 40.000	DM-2	DESCRIPTION TICKING FR 4440	PUTUP 250 RL CC 2T	QUANTITY LN
CERTIFICATION: THE SELLER DOES NOT CERTIFY, EITHER IMPLICITLY OR EXPLICITLY, THESE PRODUCTS TO MEET THE REQUIREMENTS OF ANY REGULATORY AGENCY OR SPECIFICATION EXCEPT AS MAY BE CERTIFIED ABOVE OR UNDER SEPARATE WRITTEN CERTIFICATION. ALL TRANSACTIONS ARE SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE. USF HOLLAND INC PRO# 10135770954					
TOTAL INVOICE AMOUNT 15985					

15985  
 ORIGINAL

842 THE LAWS OF THE STATE OF NORTH CAROLINA SHALL GOVERN THIS TRANSACTION. A LATE PAYMENT CHARGE AT A PER ANNUAL RATE  
 EQUAL TO THE PRIME RATE OF THE CHASE MANHATTAN BANK N.A. IN EFFECT ON THE FIRST DAY OF EACH MONTH PLUS 2%; OR 15% PER ANNUUM  
 WHICHEVER RATE IS HIGHER, WILL BE IMPOSED ON THE FIRST OF EACH MONTH ON ALL PAST DUE INVOICES PAID DURING THE MONTH

TOTAL INVOICE  
 AMOUNT